

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09 780 782	FILING DATE 02-09-01				
CLAIMS						*	*	*			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1					51					
2	1					52					
3	1					53					
4	1					54					
5	1					55					
6	1					56					
7	1					57					
8	1					58					
9	1					59					
10	1					60					
11	1					61					
12	1					62					
13	1					63					
14	1					64					
15	1					65					
16	1					66					
17	1					67					
18	1					68					
19	1					69					
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30	1					80					
31	1					81					
32	1					82					
33	1					83					
34	1					84					
35	1					85					
36	1					86					
37	1					87					
38	1					88					
39	1					89					
40	1					90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	9					TOTAL IND.					
TOTAL DEP.	31	↔	↔	↔		TOTAL DEP.	↔	↔			
TOTAL CLAIMS	40					TOTAL CLAIMS					